

TENNESSEE INITIAL ELIGIBILITY APPLICATION

TENNESSEE ELIGIBLE TRAINING PROVIDER CERTIFICATION APPLICATION

I. GENERAL INFORMATION

1. _____ Name of Institution	2. _____ Date of Submission
3. () _____ Institution phone number	4. () _____ Institution fax number
5 _____ Internet Web Site Address	6. _____ E- Mail address of owners and/or Institution Director
7 _____ Authorized Instructional Site (street, city/county, state, zip)	
8 Director's name _____	9. Director's telephone number () _____
10. In the event of a change of Director, who will notify the Tennessee Higher Education Commission?	
Name _____	Title _____
() _____ Telephone	_____ Address, city, state, zip
11. Contact person for billing (name and phone number): _____	
12. Contact person for data collection (name and phone number): _____	

II. ACCREDITATION & APPROVAL

The following section is to be completed only if the institution is accredited or approved by any one of the following types of agencies: any U.S. Department of Education accrediting body, any State Board, any Postsecondary Institution authorized to operate by the Tennessee Postsecondary Education Act, or a BAT approved apprenticeship program.

13. Full name of accrediting or approval body. _____

14. Has there been any change in the accreditation or approval status of the institution during the past year, or are any complaints under investigation by the accrediting body? (Y/N) _____ If yes, please attach explanation.

III. LITIGATION

15. Are any legal actions pending by or against the institution (not related to the Government Tort Liability Act)? (Y/N) _____ If yes, please attach explanation.

16. Have any judgments or settlements been rendered in favor of or against the institution in the past year (not related to the Government Tort Liability Act)? (Y/N) _____ If yes, please attach explanation.

IV. OWNERSHIP

17. Institution is owned by (please check only one):

Sole proprietorship _____
Partnership (multiple owners) _____
For-profit _____
Non-profit _____
Government agency or instrumentality other (explain) _____

18. Has any principal owner ever been associated as a principal party, owner or administrator in an educational institutional that ceased operation with a resulting loss of time or money for enrollees of such institution? (Y/N) _____

If yes, please attach explanation.

19. Has any principal owner ever been found guilty of any crime involving moral turpitude, or been arrested indicted, or convicted of violation of any law excluding minor traffic violations? (Y/N) _____

If yes, please attach explanation.

V. FACILITIES

Complete this section only if the institution is not accredited or approved by an official licensing agency. (Please refer to the Instructions section of this application for the websites that contain official licensing agencies.) If the applying institution did not answer section "II. Accreditation and Approval" please complete this section. If the applying institution is considered accredited or approved by any of the licensing agencies listed in the instructions, please skip to section "VI. Programs", item #22.

Appendix A Institutions must provide fire and sanitation reports from the past 12 months.

20. Will the building which this institution will occupy be (check one) Owned _____ (or) Leased _____

21. If leased, month and year of expiration of current lease _____

22. Indicate the number of rooms utilized as:

Classrooms	_____	Studio	_____
Lab / Clinical	_____	Offices	_____
Field Training	_____	Other	_____
Space	_____		_____

23. Will this institution have facilities other than at the address listed in question 5? (Y/N) If yes, please attach explanation. _____

VI. PROGRAMS

Appendix B includes a summary list of all proposed programs (must use forms provided to complete).

24. Will any students be admitted to any program without high school diploma or equivalency? (Y/N). _____

25. If yes, please attach explanation for each program that will admit students without a high school diploma or equivalency including basis for admission, specific ability- to-benefit test used, and score required.

VII. FACULTY/STAFF INFORMATION

Complete this section only if the institution is not accredited or approved by an official licensing agency. (Please refer to the Instructions section of this application for the websites that contain official licensing agencies.) If the applying institution did not answer section "II. Accreditation and Approval" please complete this section. If the applying institution is considered accredited or approved by any of the licensing agencies listed in the instructions, please skip to section "VIII. Available Services Information".

Appendix C includes lists of all administrative staff and faculty members (use sheet provided to complete).

26. What will the student to teacher ratio be in:

Classroom instruction _____ :1 Lab/Clinical or Studio _____ :1 Field _____ :1

27. Is the person listed in question 7 responsible for all instruction? (Y/N) _____ If no, who is responsible

Name

Title

()

Telephone

Address (city state zip)

VIII. AVAILABLE SERVICES INFORMATION

Appendix D describe the career assessment and job placement services provided.

28. Is the location of training on a bus route?

If yes, explain.

29. Is child care available on campus?

If yes, describe.

30. Are there special services for non-English speaking students?

If yes, describe.

31. Are there programs that can be completed by attending at least 80% of the course work or requirements in the evenings? If yes, list.

IX. PERFORMANCE INFORMATION

Appendix E complete the performance information requested for the past 12 months (form provided). If the institution is accredited or approved by an official agency, the institution may submit as an attachment, the outcomes for each program that have been previously utilized for documentation of program performance for the accrediting or approval agency.

For Office Use Only	
Date Received	Date Entered List

DIRECTOR'S STATEMENT OF INTENT

The controlling officers of _____ have named me, _____
(institution) (name of director)
director of WIA programming and have thereby given authorization for a statement of intent to:

- a. Advise the LWIB and the Commission in advance if the controlling officer(s) or ownership change(s).
- b. Advise the LWIB and the Commission within 72 hours if this institution proposes to discontinue its operation.
- c. Notify the Commission of staff changes by forwarding staff information forms for new staff and information letter for any staff termination.
- d. Sign significant operational documents such as those vouching for accuracy of staff information, moral character, program revisions, etc.

I certify that the information included in this application and the accompanying attachments is true and correct. Further, I verify that no principal party involved in the applicant institution has ever been associated as a principal party, owner, or administrator in any postsecondary educational institution which ceased operation with resulting loss of time or money for enrollees in such institution, or who has been found guilty of any crime involving moral turpitude or has been found mentally incompetent.

(signature of director) (date)

NOTARY

I certify that the person whose signature appears above is the director of WIA
programming and personally appeared before me.

(name of institution)
Sworn and subscribed before me on this, the _____ day of _____, 20____.

Notary Signature

Commission expires: _____

OWNER'S STATEMENT OF INTENT

34. I certify that the information included in this application and the accompanying attachments is true and correct. Further, I verify that no principal party involved in the applicant institution has ever been associated as a principal party, owner, or administrator in any postsecondary educational institution which ceased operation with resulting loss of time or money for enrollees in such institution, or who has been found guilty of any crime involving moral turpitude or has been found mentally incompetent.

NOTE: If partnership, all partners must sign; if corporation, president and secretary must sign and all other officers must be listed in attachment.

(owner's or president's signature) (date) (co-owner's or vice president) (date)

NOTARY

I certify that the above individuals(s) appeared before me and that applicant(s) is(are) duly authorized and qualified

Agent(s) of _____
(name of institution)

Sworn and subscribed before me on this, the _____ day of _____, 20____.

Notary Signature

Commission expires: _____

Tennessee Workforce Investment Act Eligible Training Providers Application

INSTRUCTIONS

This application is a legal document which will be used by the LWIB and the Commission staff to determine eligibility for certification. Any false or deliberately misleading information which is provided as part of this application may result in removal from the Official State List of Eligible Training Providers.

Assistance in completing the form is available by telephoning Commission staff (615-741-7577) during business hours of the Commission, 8:00 a.m. until 4:30 p.m. (central time) Monday through Friday.

The form should be fully completed before submission to the Local Workforce Investment Board. Use a typewriter or print neatly. These instructions are not part of the application and need not be submitted. Submit pages one through three, any explanation(s), checklists and all appendices with required documentation.

Complete the first four pages of the application for certification which includes: General Information and the Director's/Owner's Statement of Intent.

Additional instructions for Application for participation (pages 1-4) are provided below.

Questions for which no explanation is given are assumed to be self explanatory.

I. GENERAL INFORMATION

1. This line should contain the full and complete name of the institution as it appears in advertisements, catalogs, and other publications.
2. This date is the date the completed application and all appropriate fees are mailed or otherwise delivered to Commission offices.
3. The phone number should be the main switchboard or other number where the public may contact the institution.
4. If no FAX available write NONE.
5. Internet Web Site Address if applicable.
6. E-mail address of owners and/or Institution Director if applicable.
7. Authorized instructional site address.
8. The Director (regardless of title) is the person at the location in question 1 most directly responsible to the Commission and the LWIB for the operation of the institution.
9. This phone number should be one which can be used to reach the Director most conveniently.
10. Since the Director is the person held most directly responsible by Commission staff, it is necessary to know who will notify staff of any change in Director.
11. This person is a staff member responsible for handling transactions with the student's Individual Training Account.
12. This person is a staff member responsible for completing data collection forms and submitting them to the Tennessee Higher Education Commission.

II. ACCREDITATION & APPROVAL

This section refers to United States Department of Education accrediting bodies, State Board approval and those approved by the Tennessee Postsecondary Authorization Act. Please refer to the U.S. Department of Education's website for a listing of the nationally recognized accrediting bodies at: www.ed.gov/offices/OPE/accreditation/index.html. Please refer to the Tennessee Department of Commerce and Insurance division of regulatory boards at: www.state.tn.us/commerce/c&idir2.html. Please refer to the Tennessee Department of Health for health related boards and councils at: <http://170.142.76.180/bmf-bin/BMFproflist.p>. Please refer to the Tennessee Higher Education Commission for a listing of the authorized Postsecondary Schools at: www.state.tn.us/thec/post2.html.

13. The complete title of the accrediting body should be listed here.
14. If an institution was formerly accredited and lost accreditation, has conditional accreditation, or has been accredited by a different accrediting body from initial accreditation in the past year please explain the circumstances.

III. LITIGATION

15. This question refers to any legal actions for or against the institution, principal owners, or the Director that have been filed in any court in any state, NOT INCLUDING GOVERNMENT TORT LIABILITY CASES.
16. This question refers to any legal actions for or against the institution, NOT INCLUDING GOVERNMENT TORT LIABILITY CASES.

IV. OWNERSHIP

17. Refers to the owners of the school and whether or not a school is operating for profit.
18. Refers to whether or not the owner has been involved in an educational institution that has stopped operating due to financial problems that resulted in the students losing money or not being able to complete the current semester or quarter.
19. Asks if the owner has a criminal history.

V. FACILITIES

When applicable

APPENDIX A

20. This question does not refer to sites where clinical instruction or externships will take place but rather the site/s where regular classes might be taught.
21. Please include the date of current lease and if it is expired, please attach additional information.
22. For each of the types of instructional facilities please indicate the number of rooms that will be utilized and if there are none please indicate this with the label "N/A".
23. If any regular instruction will occur at a location other than the address given please include the address as an attachment with an explanation. NOTE: This refers to institutions with buildings at different addresses from the main site and NOT in a different Local Area or separate campus/sites.

VI. PROGRAMS

APPENDIX B

24. Refers to students being admitted without a full high school diploma.
25. If the answer to #24 is yes, please attach explanation of the basis of admission or any tests required for admission.

VII. FACULTY/STAFF INFORMATION

When applicable

APPENDIX C

26. Report the maximum ratio for the specific types of instructional classes.
27. If the Director in #8 is not the person responsible for instruction, please insert the person who will be responsible.

VIII. AVAILABLE SERVICES INFORMATION

APPENDIX D

28. List the bus route the site is located on.
29. Describe childcare services available on campus.
30. Describe services available to English as a Second Language students.
31. List programs that can be completed primarily at night.

IX. PERFORMANCE INFORMATION

APPENDIX E

STATEMENTS OF INTENT

Director should be fully cognizant of the gravity of declarations in this statement.

By signing this document, the owner is certifying that all information is accurate.

Confirm that all parts of the package are filled out and included by using the application checklist. Place the checklist on top (first page) of the complete package.

**Tennessee Workforce Investment Act Eligible Training Providers Application
Application Checklist**

School
Name

	YES	N/A
Application (General Information through Owner' s Intent)		
Appendix A – Fire and Sanitation reports (When applicable)		
Appendix B – Summary of programs (form provided)		
Appendix C – Summary list of all administration and faculty for WIA programs (When applicable)		
Appendix D – Career and Job Placement Services		
Appendix E – Performance Information (form provided)		
Director' s Statement		
Owner' s Statement		

I hereby verify the enclosed material to be complete.

Director Signature _____

Date _____

APPENDICES

The following appendices should be submitted with the application. Cover sheets for these appendices should be included with the application package. Each lettered appendix sheet should be placed in front of the appropriate document(s) and then arranged in alphabetical order in the packet. If an appendix is not applicable, please mark the appendix cover sheet N/A and attach an explanation as to why it is not applicable.

- A** Copies of current satisfactory **fire and sanitation inspection reports** of all instructional facilities. If you have an inspection scheduled but will not be completed prior to the application deadline, provide written a statement to that effect and indicate when the inspection will be done and submit it with your completed application. (Submit when applicable)
- B** **Program application for each program and a summary list of all programs.** The institutional measurement designation, whether it be in semester, quarter or contact hours should be recorded at the top of the form. Then each program, should be calculated to reflect the total clock or contact hours necessary to complete that program. A contact hour should be defined as a minimum of 50 minutes of supervised or directed instruction out of 60 minutes. This includes lecture, laboratory, internships, etc. The total contact hour figure, for each program, should then be recorded on the form.
- C** **Summary list of all administrative staff and faculty for WIA programs (when applicable).**
- D** **Summary of Career and Job Placement services** available to students.
- E** **Performance Information**

APPENDIX B

**Summary List of Programs
Initial Participation**

Institution: _____ City: _____

Indicate type of term used by institution with a check mark

Quarter (Q)	semester (S)	contact (C) hours
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Program	Length of Program (Days or Weeks or Months)	Actual Contact hours per program	Total Cost of Tuition	Credential Offered

Duplicate as necessary

Summary List of Administrative Staff and Faculty Members

Institution : _____ City: _____

Name of Faculty Member or Administrator	Courses Taught or Administrative Position	Credential/Date Hired

Duplicate as necessary

APPENDIX E

Performance Information Form

Name of program	Totalnumber enrolled in past 12 months	Total number completed in past 12 months	Total number placed in employment in past 12 months

Duplicate as necessary